

Medicaid Basics

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I. Types of Health Coverage for Students

This section is a summary. For more information about Medicaid, call the **Medicaid Customer Service Center at 1-800-562-3022**.

The state has several programs that can help children obtain health coverage. These include:

- **Medicaid** (with or without private health insurance)*
- **Children's Health Insurance Program (CHIP)** for higher income students
- **Washington Basic Health Program** (covers working families with part of the premium paid by the family)

1. Medicaid Eligibility

Students under the age of 19 who fall in one or more of the following categories may qualify for health care services through Medicaid:

- Students who qualify for the Free and Reduced Lunch Program (185% FPF)
- Students whose family income is at or below the 200% Federal Poverty Level (FPL)
- Pregnant teens
- Students who meet the criteria above but are not citizens or qualified aliens may be eligible to receive Medicaid if they have a qualifying emergent medical condition. These children would be covered under the Alien Emergency Medical (AEM) program. AEM covers services related to the emergent condition only.

Students and their families who meet one of these criteria may contact their local Community Services Office for further information or to apply.

Children may live in many different situations and qualify for Medicaid. Examples include:

- Children in single or two parent households
- Children with working or non-working parent/s
- Children living with relatives, other families, or friends
- Children who are homeless
- Children who are living alone

The following is the income guideline for 2005. The Federal Poverty Level (FPL) changes yearly in April.

200% poverty level (Medicaid eligible)

- Family of 1: \$1,595
- Family of 2: \$2,139
- Family of 3: \$2,682
- Family of 4: \$3,225

The following items are now mandatory:

- A family must complete an eligibility review every 12 months.
- Income must be verified at the time of application, review, or whenever an income change is reported.
 - The following methods may be used for verification of earnings:
 - Pay stubs
 - Employer letter
 - DSHS systems check
- Children will start receiving one year of continuous eligibility July 2005. Increases in the family's income will not affect children's medical.
- Failure to complete a twelve-month review could cause termination of medical eligibility.
- Children's Medicaid currently has no premium requirement. The legislature had proposed premiums for children with higher family incomes. These premiums will continue to be delayed during 2005.

Children eligible for Medicaid receive the following services:

- Doctor, nurse, and emergency room visits
- Dental
- Prescriptions
- Vision and auditory services
- Mental health
- Substance abuse
- Physical and speech therapy
- Durable medical equipment
- Transportation and interpreter services
- Pregnancy services for students under the age of 19
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT, or “Healthy Kids”, is an important component of Medicaid because it promotes proactive health care with frequent screening services. The program is covered under Healthy Options and Fee-for-Service. Coverage includes regular check-ups, immunizations, vision, dental, hearing and additional services as medically needed.

First Steps-Maternity Support and Case Management. These services include prenatal, delivery and family planning for up to twelve months. Newborns receive Medicaid for up to one year.

* If income eligible, students with private health insurance coverage can still qualify for Medicaid. Medicaid will pay for, co-pays, deductibles, and services that are not covered by insurance. Medicaid may also pay the private insurance premium. Medicaid is the payer of last resort. For information, call **1-800-562-3022**. I

2. Children’s Health Insurance Program (CHIP)

Students whose family income exceeds Medicaid levels may be eligible for CHIP. The qualifiers are:

- They do not have other creditable insurance.
- They do not qualify for Medicaid.
- They are under the age of 19.
- The family income is 200% to 250% above the federal poverty level (FPL).

Following is the income guideline for 2005. The Federal Poverty Level (FPL) changes yearly in April.

250% poverty level (CHIP eligible)

- Family of 1: \$1,994
- Family of 2: \$2,673
- Family of 3: \$3,353
- Family of 4: \$4,032

The monthly premium is \$15.00 per month per child. The maximum a family is required to pay is three premiums (\$45). Children receiving CHIP must be on Managed Care unless there is good cause or they live in a county that does not offer managed care.

3. Basic Health

Students who are not eligible for Medicaid or CHIP may be eligible for Basic Health. Basic Health provides coverage through private health plans throughout Washington State. Monthly premiums are based on family size, income, age, and the health plan selected. Co-payments are required for most services received. There are also deductibles and coinsurance.

For those who qualify for Basic Health, state funds will pay for a portion of the monthly premiums. This means that members may pay as little as \$10.00 per month for each enrolled adult. To qualify, applicants must live in Washington State, not be eligible for Medicare, and not be institutionalized at the time of enrollment. They must also meet Basic Health's income guidelines.

In addition, if a family qualifies for Basic Health, the children may be eligible for coverage at no additional cost through Basic Health Plus (200% FPL). Basic Health Plus offers children a wider range of benefits, including dental and vision care, with no premiums or co-payments.

II. Application Pathways

There are three application pathways:

- Family Medical Benefits
- Children up to 250% of the Poverty Level (Includes pregnant teens up to 19 years of age)
- Pregnant Women (Women 19 years of age or older)

When assisting with applications, parents or students should be reminded that only the DSHS/State of Washington could determine eligibility. This is done through the Community Service Office. Staff can assist them in applying.

Students and their families should be encouraged to contact their local Community Services Office/CSO. (See Appendix B, Resources and Contact Information)

There is an on-line application service at www.onlinecso.dshs.wa.gov.

Medical Coupons are issued monthly as long as the client remains eligible for services.

III. Health Care Delivery Models

There are three MAA Health Care Delivery Models:

- Healthy Options Managed Care
- Fee-for-Service
- Primary Care Case Management (PCCM)

1. Healthy Options Managed Care

Healthy Options managed care is administered through contracts with licensed health carriers (plans). A health plan receives a monthly payment for each client to cover a wide range of medical services. Under this, model clients obtain all of their contracted health care from or through their PCP. Program savings are achieved through appropriate and efficient use of services and the improved health status of clients.

In some counties where only one health plan is available clients may voluntarily enroll into Healthy Options or select the fee-for-service option (open coupon).

ELIGIBILITY GROUPS

Client eligibility groups enrolled in Healthy Options include:

- Clients eligible for Temporary Assistance for Needy Families (TANF);
- Families eligible for Medicaid;
- Families no longer eligible for TANF or Family Medicaid due to increased earnings. This extension is available for twelve months;
- Pregnant women with family incomes up to 185 percent of the federal poverty level (FPL);
- Children with family incomes up to 200 percent FPL not eligible for other Medicaid programs and;
- Children with family incomes up to 250 percent FPL who qualify for the Children's Health Insurance Program (CHIP).

THE ENROLLMENT PROCESS

- **Client Enrollment** - Prior to enrollment into Healthy Options, each eligible household receives a Healthy Options information booklet. This booklet includes general program information, information about health plan choices in their county, an enrollment form to be completed and returned with a pre-paid, pre-addressed flyer. Healthy Options information booklets

have been translated into 16 languages for non-English speaking clients. Clients complete the enrollment form indicating their choice of a Healthy Options health plan and a primary care provider, or they may call the Medical Assistance Customer Service Center (MACSC) toll-free line, **1-800-562-3022**, to enroll.

2. Fee-for Service

Clients may go to any doctor who accepts Medicaid. The client uses a medical coupon or MAID (Medicaid Assistance I.D.). The medical provider bills MAA directly.

3. Primary Care Case Management (PCCM)

This service is for American Indians, Alaska Natives and pregnant women in poverty. These populations may use Indian Health Services or Primary Case Care Management listed under the HMO section of their medical coupon. Healthy Options may also be used if available. However, this group is exempt from mandatory enrollment in Healthy Options. A \$3.00 fee/client is paid to the PCCM provider to manage the care of the clients.